APPLICATION FOR SIGN PERMIT COVER SHEET

Project Address_____________________________________

Note: This permit packet may be e-mailed in its entirety to bldgpermits@kenosha.org

The following items must be completed and submitted as a packet:

1. _____ Sign Permit application.

2. _____ One (1) drawing or photo (size 8 1/2" x 11" or 11" x 17") of proposed sign.

3. _____ One (1) drawing or photo (size 8 1/2" x 11" or 11" x 17") denoting location of proposed sign on building wall surface (for all wall signs). Include a scaled or dimensioned building elevation.

4. _____ One (1) site plan (size 8 1/2" x 11" or 11" x 17") denoting location of proposed sign and setbacks from property lines (for all ground signs). Also required for existing ground signs with face changes only.

5. _____ Prior to submitting this Sign Permit application packet, a Business Occupancy permit application must be submitted and approved (for all new businesses or businesses relocating to another location).

Please Note: The billing notices for the sign and the electrical permits will be sent to the sign contractor.

If at any time during or after the approval process you determine that you will not proceed with this project, please contact our office at 262.653.4263 to avoid paying the entire cost of the permit. Administrative and/or plan review fees will be charged. Any/all unpaid permit fees, along with an additional $100.00 Administrative Fee, will be processed as a special charge against the real estate upon which the service was performed.
APPLICATION FOR SIGN PERMIT
Form #DCI (rev. 01/20)

You will be notified when your permit is ready; please do not submit payment with permit application.

Project Address _________________________________ Suite number_____________
Project Name ___________________________________ Contractor_________________________________
Mailing Address _________________________________ Mailing Address ________________________________
City______________________  State_____ Zip________ City ___________________ State______ Zip_________
Phone (_______)________________________________ Phone (_______)______________________________

➔ Estimated Cost _________________ Contractor’s e-mail address

Sign Type: Wall_____   Pole/Ground Mounted_____   Monument_____   Projecting_____    Wall Banner_______
Unified Business Center Sign_______    Canopy/Awning__________ (If Canopy/Awning category is checked, a
Canopy/Awning Permit application is required with this Sign Application

Size*: __________  by __________ Sq. Ft._____________________________ Identical Sign Faces ________
*calculate total surface area for monument signs, including base

Setbacks (required for new or existing ground signs): Front______  Rear______  Left______  Right_______

Sign Height __________ Is this a Cabinet Lens/Face change only?: Yes_____ No_____

Is the proposed sign illuminated?: Yes_____ No_____
If yes, will new sign connections be installed?: Yes_____ No_____  If yes, attached page must be signed by a State of
Wisconsin licensed electrician.

List all existing wall and/or freestanding signs on subject property:_____________________________________

Licensing requirements for contractors:
Per Section 15.08 (A) of the Code of General Ordinances, a license from the City Clerk shall be
required for any person……engaged in the erection, placement, replacement, movement, establishment,
originally painting, construction, installation, conversion……..of any……Sign, with the exception of
nonelectrical Monument Signs, Wall Signs, and Exempt Signs
City of Kenosha Sign Erector's license number ______________________

I agree to comply with all applicable codes, statutes, and ordinances, and with the conditions of the this permit;I understand that the
issuance of the permit creates no legal liability, express or implied, on the state or municipality; and, certify that all of the permit information
herein is accurate. I expressly grant the building inspector, or the inspector’s authorized agent, permission to enter the premises for which
this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

Property Owner's Signature (required)_______________________________________Date____________________
Please Print Name_________________________________________________

Licensee's Signature (required)________________________________________ Date____________________
Please Print Name_________________________________________________

DESCRIPTION FEE QUANTITY
PER SQ. FT. PER SIGN FACE  $ 1.20 per sq. ft. ________
SIGN MINIMUM FEE $ 90.00 Ea. __________

If work is started without first obtaining a permit, a penalty fee will be charged in accordance with Chapter 9.07C of
the Code of General Ordinances

For Office Use Only
Date________________________
Permit #_____________________
Needs Approval________________
IP __________________________
Fee’d________________________

Department of City Inspections | 625 52 St Rm 100, Kenosha WI 53140 | Phone: 262.653.4263 | Fax: 262.653.4254 | Email: bldgpermits@kenosha.org | kenosha.org
APPLICATION FOR SIGN CONNECTION PERMIT*
Form #DCI145 (Rev. 01/20)

*COMMERCIAL ELECTRIC

Note: You will be notified when your permit is ready; please do not submit payment with permit application.

Project Address ________________________________ Suite ____________________
Project Name __________________________________ Contractor _____________________
Mailing Address _______________________________ Mailing Address _________________________________
City _____________________ State_____ Zip_______ City _______________________ State_____ Zip_______
Phone (______)________________________________ Phone (______)_________________________________
Contractor e-mail________________________________

➔ Estimated Cost ________________________________

CHECK ONE: New Building____ Existing____
CHECK ONE: Commercial____ Multi-family (3 or more units)____

Any contractor that performs electrical work must possess the following two licenses:
1) Wisconsin Master Electrician’s License number____________________________
2) Wisconsin Electrical Contractor’s License number____________________________

Licenses are available through the Department of Safety & Professional Services (DSPS) at: dsps.wi.gov

I agree to comply with all applicable codes, statutes, and ordinances, and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and, certify that all of the permit information herein is accurate. I expressly grant the building inspector, or the inspector’s authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

Master Electrician’s Signature _______________________________ Date____________________

Please Print Name______________________________________________________

IT IS THE ELECTRICAL CONTRACTOR'S RESPONSIBILITY TO CALL FOR INSPECTION OF THE SIGN CONNECTION.

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>FEE</th>
<th>QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGN CONNECTION FEE</td>
<td>$ 90.00 Ea.</td>
<td></td>
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If work is started without first obtaining a permit, a penalty fee will be charged in accordance with Chapter 9.07C of the Code of General Ordinances.